

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

ADDRESS (number and street)

7000 CARDINAL PLACE

Check if different  
than previously  
reported. (ACC)

DUBLIN

OH

43017

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00332833

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)July 15  
Quarterly Report(Q2)October 15  
Quarterly Report(Q3)January 31  
Quarterly Report(YE)July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2009

through

01

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JAMES W. HOEBERLING

Signature of Treasurer

Electronically Filed by JAMES W. HOEBERLING

Date

02

12

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		192553.60
(b) Cash on Hand at Beginning of Reporting Period .....	192553.60	
(c) Total Receipts (from Line 19) .....	15441.41	15441.41
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	207995.01	207995.01
7. Total Disbursements (from Line 31) .....	-3000.00	-3000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	210995.01	210995.01
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y  
2 0 0 9

To:

M M  
0 1D D  
3 1Y Y Y Y  
2 0 0 9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	7861.60	7861.60
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	7427.61	7427.61
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	15289.21	15289.21
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	15289.21	15289.21
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	152.20	152.20
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	15441.41	15441.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15441.41	15441.41

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-2500.00	-2500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	-500.00	-500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	-3000.00	-3000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-3000.00	-3000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	15289.21	15289.21
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15289.21	15289.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Johnni Beckel

Mailing Address 3680 Nicoya Court  
Court

City State Zip Code  
Lewis Center OH 43035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Evp, Hr Business Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: 011420090C90713

Amount of Each Receipt this Period

300.00

Receipt

Payroll Deduction: (100.0-  
0/Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Shelley Bird

Mailing Address 7998 Caraway Ave

City State Zip Code  
Dublin OH 43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Evp, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: 011420090C90711

Amount of Each Receipt this Period

300.00

Receipt

Payroll Deduction: (100.0-  
0/Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Anthony Caprio

Mailing Address 6 Cottage Lane

City State Zip Code  
Marlboro NJ 07746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Svp, Ips Sales Ne

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: 011420090C90712

Amount of Each Receipt this Period

300.00

Receipt

Payroll Deduction: (100.0-  
0/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Kerry Clark

Mailing Address 300 W. Spring St. #1502  
#1502

City State Zip Code  
Columbus OH 43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Chairman & Ceo, Cah

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: 011420090C90748

Amount of Each Receipt this Period

576.90

Receipt

Payroll Deduction: (192.3-  
0/Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Jack Coffey

Mailing Address 200 Bay Shore Drive

City State Zip Code  
Rockwood TN 37854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Svp, Qra

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: 011420090C90715

Amount of Each Receipt this Period

300.00

Receipt

Payroll Deduction: (100.0-  
0/Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mary Cooney

Mailing Address 2211 Briarglen #507  
#507

City State Zip Code  
Houston TX 77027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Svp, Hr Business Partner Cts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: 011420090C90718

Amount of Each Receipt this Period

300.00

Receipt

Payroll Deduction: (100.0-  
0/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1176.90

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Stephen Falk

Mailing Address 2480 Sandover Rd

City

Columbus

State

OH

Zip Code

43220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp, General Counsel Hscs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	9

Transaction ID: 011420090C90714

Amount of Each Receipt this Period

300.00

Receipt

Payroll Deduction: (100.0-  
0/Bi-Weekly)**B.**

Full Name (Last, First, Middle Initial)

Ivan Fong

Mailing Address 21 S. Parkview Ave.

City

Columbus

State

OH

Zip Code

43209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Chief Legal Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	9

Transaction ID: 011420090C90744

Amount of Each Receipt this Period

576.90

Receipt

Payroll Deduction: (192.3-  
0/Bi-Weekly)**C.**

Full Name (Last, First, Middle Initial)

Edmund Fry

Mailing Address 1 Miranova Pl. Apt. 2040  
Apt. 2040

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Quality Assurance/reg Com

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	9

Transaction ID: 011420090C90717

Amount of Each Receipt this Period

300.00

Receipt

Payroll Deduction: (100.0-  
0/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

1176.90

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Linda Harty

Mailing Address 1761 Roxbury Rd

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

103.45

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: 011420090C90720

Amount of Each Receipt this Period

103.45

Receipt

Payroll Deduction: (103.4-  
5/Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Linda Harty

Mailing Address 1761 Roxbury Rd

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.31

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: 012120090C91008

Amount of Each Receipt this Period

148.86

Receipt

Payroll Deduction: (74.43-  
/Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Michael Kaufmann

Mailing Address 7160 Temperance Point St  
Point St

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Group President, Hscs Medical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: 011420090C90745

Amount of Each Receipt this Period

576.90

Receipt

Payroll Deduction: (192.3-  
0/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

829.21

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Steve Lawrence

Mailing Address 4868 Carrigan Ridge

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Mrktng, Retail/alt Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: 011420090C90716

Amount of Each Receipt this Period

300.00

Receipt

Payroll Deduction: (100.0-  
0/Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Michael Lynch

Mailing Address 550 E Rosemary

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Group President, Mpm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: 011420090C90746

Amount of Each Receipt this Period

576.90

Receipt

Payroll Deduction: (192.3-  
0/Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

James Nuckols

Mailing Address 1740 Dylan Way

City

Encinitas

State

CA

Zip Code

92024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Software Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: 011420090C90719

Amount of Each Receipt this Period

300.00

Receipt

Payroll Deduction: (100.0-  
0/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1176.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Mark Rosenbaum

Mailing Address 6565 Lockhart Lane

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

President, Ips Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: 011420090C90750

Amount of Each Receipt this Period

576.90

Receipt

Payroll Deduction: (192.3-  
0/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

David Schlotterbeck

Mailing Address 12 Hermitage Lane

City

Laguna Niguel

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vice Chairman &amp; Ceo, Cmp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: 011420090C90747

Amount of Each Receipt this Period

576.90

Receipt

Payroll Deduction: (192.3-  
0/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Carole Watkins

Mailing Address 1967 Woodlands Place

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Chief Human Resource Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: 011420090C90749

Amount of Each Receipt this Period

576.90

Receipt

Payroll Deduction: (192.3-  
0/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

1730.70

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Dwight Winstead

Mailing Address 2540 Presidio Dr

City

San Diego

State

CA

Zip Code

92103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Group President, Cts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: 011420090C90751

Amount of Each Receipt this Period

576.90

Receipt

Payroll Deduction: (192.3-  
0/Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Connie Woodburn

Mailing Address 9761 Erin Woods Dr

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Prof & Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

104.43

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: 011420090C90721

Amount of Each Receipt this Period

104.43

Receipt

Payroll Deduction: (104.4-  
3/Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Connie Woodburn

Mailing Address 9761 Erin Woods Dr

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Prof & Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.09

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: 012120090C91012

Amount of Each Receipt this Period

189.66

Receipt

Payroll Deduction: (94.83-  
/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

870.99

**TOTAL** This Period (last page this line number only) .....

7861.60

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 14

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Congressman Joe Barton Committee	<b>Transaction ID:</b> 012120090E1154 <b>Date of Disbursement</b>
Mailing Address P.O. Box 1444	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 0 9</div> </div>
City Ennis State TX Zip Code 75120-	Amount of Each Disbursement this Period
Purpose of Disbursement STOP PAYMENT	<div>-2500.00</div>
Candidate Name JOE LINUS BARTON	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
STOP PAYMENT	
<b>B.</b> Full Name (Last, First, Middle Initial) McConnell Senate Committee 2008	<b>Transaction ID:</b> 90112.E1153 <b>Date of Disbursement</b>
Mailing Address P.O. Box 1496	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 9</div> </div>
City Louisville State KY Zip Code 40201-	Amount of Each Disbursement this Period
Purpose of Disbursement VOIDED CHECK	<div>-2500.00</div>
Candidate Name MITCH MCCONNELL	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
VOIDED CHECK	
<b>C.</b> Full Name (Last, First, Middle Initial) Friends for Harry Reid	<b>Transaction ID:</b> 90212.E1155 <b>Date of Disbursement</b>
Mailing Address 426 C St NE Rear BUILDING	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20002-5818	Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION	<div>2500.00</div>
Candidate Name HARRY REID	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
DIRECT CONTRIBUTION	

**SUBTOTAL** of Disbursements This Page (optional) .....

**-2500.00**

**TOTAL** This Period (last page this line number only) .....

**-2500.00**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Friends of Senator Wonderling

Mailing Address 575 Paterno Drive

City  
Harleysville

State  
PA

Zip Code  
19438-

Purpose of Disbursement  
VOIDED CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 90112.E1152

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Amount of Each Disbursement this Period

-500.00

SUBTOTAL of Disbursements This Page (optional) .....

-500.00

TOTAL This Period (last page this line number only) .....

-500.00